

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10618746

FLING DATE 1

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/	/	/		
2	/		/			
3		/		/		
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TOTAL IND. <u>3</u> TOTAL DEP. <u>5</u> TOTAL CLAIMS <u>8</u>						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. TOTAL DEP. TOTAL CLAIMS						